



Utah Department of Health, Chronic Disease Genomics Program  
**Community Mini-Grant Program**

2007-2008 Request for Proposals  
Application Guidelines

Chronic Disease Genomics Program  
PO Box 142106  
Salt Lake City, UT 84114-2106  
801-538-9416  
[rgiles@utah.gov](mailto:rgiles@utah.gov)

## **PURPOSE**

The Utah Department of Health Chronic Disease Genomics Program (CDGP) began in 2003 with the intent to develop infrastructure and leadership capacity to integrate genomics into public health with a focus on chronic disease. The CDGP is one of only four similar programs in the nation funded by the Centers for Disease Control and Prevention.

The goals of the CDGP are to:

1. Create an infrastructure to integrate genomics into public health practice.
2. Develop community and public health leadership in genomics and chronic disease.
3. Integrate genomics information into existing data collection systems.
4. Educate public health professionals, health care providers, policymakers, and the public about the role of genomics in health.
5. Develop and assess family history interventions.

“Most diseases are the result of the interactions of multiple genes and environmental factors. Although these interactions are complex, almost every patient today has access to a free, well-proven, personalized genomic tool that captures many of these interactions and can serve as the cornerstone for individualized disease prevention. This valuable tool is the family history (Guttmacher 2004).” The family health history is useful because it represents a family’s combination of shared genes, environment, and behaviors that contribute to the risk of developing a disease. Family history can be used for risk assessment and to provide tailored recommendations to those at risk, beyond generic population-based guidelines. Despite this potential, family history has been underutilized in nearly all aspects of public health and preventive medicine.

The purpose of the mini-grant program is to encourage organizations to act on genomics issues, and give them opportunities to make meaningful changes in their communities. This funding enables organizations to use area-appropriate activities to further family health history activities. Proposals will be accepted from organizations with the capacity, competence and experience to accomplish goals and activities as outlined in the Utah Genomics Plan.

## **ELIGIBILITY**

In order to be eligible to receive a community mini-grant, an organization must be an incorporated not-for-profit 501(c)(3) or for-profit organization or government agency. **The CDGP does not award grants to individuals.**

## **2007 GRANT SCHEDULE**

Applications due	September 5, 2007 by 5 p.m.
Notification of awards	October 1, 2007
Grant period	November 1, 2007 – June 30, 2008
Orientation with funded agencies	November 2007
Monthly contact with CDGP	By the 5 <sup>th</sup> of each month
One site visit	February 2008
Midterm progress update due	March 1, 2008
Final project report due	July 31, 2008

## **AMOUNT OF FUNDING**

The applicant must provide services in Utah. The community mini-grants fund for 2007-2008 is approximately \$10,000. **Applicants may apply for short-term funding (November 1, 2007 to June 30, 2008) up to \$5000.** There is no predetermined number of projects to be funded. We anticipate 1-3 projects will be funded. The CDGP reserves the right to negotiate funding with successful applicants to maximize funding opportunities. Grants will be awarded after review of all proposals. Funds will be given in installments.

## **FUNDING RESTRICTIONS**

Please note the following funding restrictions:

- **Funds may not be used for research.** See “Guidelines for Defining Public Health Research and Public Health Non-Research” at <http://www.cdc.gov/od/ads/opspoll1.htm>.
- **Funds may not be used for lobbying or providing direct services such as screenings or medications.**
- Applicants must declare all other funding sources used for the project.
- Funds must be used as specified in proposal. Breach of the agreement formed through this application may result in loss of funding.

## **PROJECT REQUIREMENTS**

Applications must address the goals outlined in the Utah Genomics Plan. This plan guides genomics and family health history activities in the state and will help achieve our mission to “Utilize family health history to improve the health of all Utahns, through partnership development, clinical and community applications, public awareness, developing appropriate methodology, and incorporating policy and ethical considerations.” You can download a copy of the Utah Genomics Plan at [www.health.utah.gov/genomics](http://www.health.utah.gov/genomics). In addition, projects must:

- **Be linked to or implement activities in the Utah Genomics Plan.** You must address at least one goal, objective, or activity in the Utah Genomics Plan. It is **not** required or expected to address all of the goals in the Utah Genomics Plan in your project.
- **Target at least one group or population in your community.** Focus on at least one population in your community, determine their needs and create activities to address these needs. Members of your target population must be involved in planning and carrying out activities. Communities include, but are not limited to:
  - Genealogists
  - Health care provider offices/ settings
  - Senior centers
  - Libraries
  - Church groups
  - Home
  - School
- **Increase community capacity and infrastructure to address genomics issues.** Utilize community assets and existing infrastructure to further promote family health history.
- **Help to promote the sustainability of genomics activities in Utah.**
- **Include an evaluation plan.** Make sure your application includes ways to measure the difference your project makes in the community. A minimum of **10%** of the award should be committed to measuring the results of the project.
- **Activities must be specific, measurable, achievable, and time phased.**

*Ideas of appropriate activities may include but are not limited to:*

- Adapting the Family Health History Toolkit for a minority population.
- Developing a marketing or media campaign to promote family health history to genealogists, faith-based groups, senior centers, health care providers, etc.
- Conducting focus groups to learn how a population views family health history.
- Developing and evaluating a project to encourage youth groups to learn about their family health history.
- Teaching classes and conducting pre and post tests with participants.
- Evaluating a process or tool to collect family health history in health care provider offices.
- Identifying appropriate components for a curriculum or continuing education course for health care providers or public health students.

### **APPLICATION INSTRUCTIONS**

Organizations interested in submitting an application may apply for a grant up to \$5000. Funds may be applied to support new or existing projects.

- Applications must be **no longer than 5 pages** (excluding cover sheet, budget form and attachments). Applications that exceed the maximum page limitation will not be reviewed.
- Font size must be at least 12 point and margins must be at least 1 inch.
- All applications must include:
  - Cover Sheet
  - Narrative
  - Work plan
  - Budget Form
- Attachments may be included; however, all information requested under each of the required components must be provided within the proposal narrative, observing page limitations.

**Applications must be received by 5:00PM on September 5, 2007. Late applications will not be accepted.**

**You may mail or email applications to:**

Chronic Disease Genomics Program  
PO Box 142106  
Salt Lake City, UT 84114-2106  
E-mail: [rgiles@utah.gov](mailto:rgiles@utah.gov)  
Attn: Rebecca Giles

If you have questions regarding the community mini-grants application or need additional application forms, please contact Rebecca Giles at 801-538-6259. Application forms may also be downloaded from [www.health.utah.gov/genomics](http://www.health.utah.gov/genomics).

## **REVIEW AND ANNOUNCEMENT INFORMATION**

Applications will be reviewed by the CDGP, the Utah Family Health History Taskforce, and selected outside reviewers. The applications will be reviewed against the following criteria:

- **Background and Need (5 pts)** – Agency is described and rationale for target population/community chosen is discussed.
- **Community Involvement (10 pts)** – Project is linked to statewide efforts (Utah Genomics Plan) and community is involved in the project.
- **Overall Goal/ Strategies Used (20 pts)** – Link to the Utah Genomics Plan is stated. Clearly defined goal(s) and intended impact – who will be affected, how, and when – is described.
- **Project and Activities Description (30 pts)** – Clearly states what is intended to be accomplished and how. Demonstrates how activities lead to completion of the project.
- **Evaluation Plan (10 pts)** – Ability to show effectiveness of the activities and how they will be measured.
- **Timeline (5 pts)** – Each activity is completed by a specific date.
- **Barriers (10 pts)** – Discussion of anticipated barriers and how they will be overcome.
- **Budget and Budget Justification (10 pts)** – Specifically list how the funding will be used including the purpose and justification for the items needed. Funding is used appropriately given the restrictions listed in the application. A minimum of **10%** of the funding should be used for evaluation. Budget form provided is utilized.

After all applications have been submitted and reviewed, organizations will receive notification of the application status. Organizations will be notified of their award by October 1, 2007.

## **GRANTEE REQUIREMENTS**

Organizations must have a coordinator who will lead program activities and attend at least one orientation training with the CDGP. Responsibilities include monthly communication with the CDGP to provide updates on progress. Grantees are required to submit a midterm progress update and one final project report to the CDGP. In addition, there will be one site visit during the course of the project from the CDGP. Grantees must get written approval for any changes in project design or implementation, variance from the submitted budget or changes in staff overseeing the project.

## **APPLICATION FORMAT**

### **I. COVER SHEET**

Completely fill out attached Cover Sheet

### **II. PROJECT NARRATIVE – Suggested length 1-2 pages.**

Each section below is a required component of your application.

#### **A. Background and Need**

1. Briefly describe your organization and its purpose.
2. Why did you pick the target population or what needs or problems will be addressed?

#### **B. Community Involvement**

1. Clearly state what group or area in your community will be targeted.
2. Describe how your program will involve members of the target population in the planning and carrying out of the project activities.

#### **C. Expected Impact of Project**

1. What do you intend to accomplish overall through this project?
2. How will the target population benefit from this project?
3. How will this project help to increase capacity and sustainability in the community?

#### **D. Barriers**

1. Other than lack of time and lack of funding, what barriers, if any, do you anticipate you may have implementing this project?
2. How you will try to overcome them?

### **III. WORK PLAN – Suggested length 2-3 pages.**

Each section below is a required component of your work plan and should be completed for each goal you intend to address from the Utah Genomics Plan. **\*Please refer to the attached sample work plan.**

#### **E. Link to the Utah Genomics Plan**

1. List the goal, objective, and/or activity from the Utah Genomics Plan that you intend to address. It is **not** required or expected to address all of the goals in the Utah Genomics Plan in your project.

#### **F. Overall Goal**

1. Clearly state what the overall project goal(s) is, relative to the goal/objective/activity you are focusing on from the Utah Genomics Plan.

#### **G. Project Objectives**

1. Clearly state each of the project objectives as they relate to your overall goal(s).
2. State what you intend to accomplish through these objectives and what impact they will have on your community. Each objective may have multiple activities associated with it.

#### **H. Activity Name and Description**

1. List the steps you will take to achieve your objective(s). For example conducting pre-post tests, media, patient, provider, and/or public education class, presentations, community needs assessment, etc.
2. Where existing programs are referred to, include or attach a description of the program.
3. Describe in detail each of the following:
  - a. How these activities will lead to completion of your goal(s) and objectives
  - b. How these activities will be completed
  - c. Target population
  - d. Number of hours and/or classes taught, etc (*if applicable*)
  - e. Number of expected participants (*if applicable*)
  - f. Site/service location (*if applicable*)
  - g. Person(s) responsible
  - h. Expected start and completion dates

#### **I. Evaluation Plan**

1. How you will show that your project is having an impact on your community and how you will measure that impact (i.e. surveys, focus groups, etc.)?
2. A minimum of **10%** of the funding should be used for evaluation.

#### **J. Timeline**

1. List when you plan to complete each activity. Starting dates should be no earlier than **November 1, 2007**. Ending dates should be no later than **June 30, 2008**.

#### **IV. BUDGET**

Complete the attached budget form and provide a brief written narrative explaining the purpose for each of the items listed on it. Include the calculation(s) used to estimate costs.

##### **Allowable costs include:**

- Salary – funds may be used to cover salaries for project-related employees. Time spent on evaluation should be included in this area. Include number of hours and hourly rate.
- Consultant fees
- Materials and supplies (e.g. office supplies, health-related materials, refreshments)
- Incentives – include the number of incentives and what each will be used for.
- Printing and copying
- Travel that is reasonable and necessary for project implementation. CDGP will not pay for first class travel.
- A minimum of **10%** of the funding should be used for evaluation.

##### **Not Allowable costs include:**

- Construction, alteration, maintenance of buildings or building space
- Dues for organizational membership in professional societies
- Tuition, conference fees or awards for individuals
- Permanent equipment (e.g. computers, video monitors, software printers, furniture)

#### **V. ATTACHMENTS – No Page Limit**

In addition to the required components above, please include evidence of Institutional Review Board (IRB) submission if appropriate. Optional attachments may also be submitted as relevant to the proposed project.

## **APPLICATION SUBMISSION CHECKLIST**

Please refer to the following checklist to ensure that your application submission is complete.

- ☐ Application is no longer than 5 pages (excluding cover sheet, budget form and attachments).
- ☐ Font size is at least 12 point and margins are at least 1 inch.
- ☐ Project narrative includes all required components and addresses all questions.
- ☐ Goal addressed from the Utah Genomics Plan is clearly marked on the Cover Sheet and project objectives and activities are tightly focused on the selected goal.
- ☐ Grant amount requested falls within the allowable range, and requested line items fall within allowable cost items.
- ☐ Budget totals have been checked for accuracy.
- ☐ Application includes all required attachments
  - Completed and signed Cover Sheet
  - Completed Work plan
  - Completed Budget Form
- ☐ Application includes optional attachments as deemed relevant to the application.
- ☐ Submission has been sent by mail or E-mail to:  
Chronic Disease Genomics Program  
PO Box 142106  
Salt Lake City, UT 84114-2106  
Email: [rgiles@utah.gov](mailto:rgiles@utah.gov)  
Attn: Rebecca Giles

**Applications must be received by 5:00PM on September 5, 2007. Late applications will not be accepted.**



**COVER SHEET**

Please fill out and submit as part of your application to: **Utah Department of Health, Chronic Disease Genomics Program, P.O. Box 142106, Salt Lake City, Utah, 84114-2106**  
**Attn: Rebecca Giles**

Today's date: \_\_\_\_\_

Project title: \_\_\_\_\_

Contact person: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Expected date of project completion: \_\_\_\_\_

Target population chosen: \_\_\_\_\_

Goal addressed in the Utah Genomics Plan: \_\_\_\_\_

Total budget amount requested: \$ \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

**Other Project Funding Sources:**

**Federal \$** \_\_\_\_\_ **% of project funded** \_\_\_\_\_

**State \$** \_\_\_\_\_ **% of project funded** \_\_\_\_\_

**Non-Governmental \$** \_\_\_\_\_ **% of project funded** \_\_\_\_\_

**Source(s):** \_\_\_\_\_

\_\_\_\_\_  
Signature of person authorized to bind agency (grantee)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

## **BUDGET FORM**

			<u>Total Requested</u>
<b>I. Personnel</b>			
<b>A. Salaries/ Wages</b> Position/name: _____ hours per week @ \$ _____/ hr x 52 weeks Position/name: _____ hours per week @ \$ _____/ hr x 52 weeks  Hours worked on evaluation: _____ <b>total</b> hours @ \$ _____/hr			
<b>B. Benefits</b> _____ % x _____ ( income) = benefits			
Subtotal:			
<b>II. Non-personnel</b>			
<b>A. Travel (include 1 training in the Wasatch front)*</b> _____ trips x _____ people x _____ miles r/t x \$.375/mile _____ days per diem x \$_____/day x _____ people _____ nights lodging x \$_____/day x _____ people			
<b>B. Supplies (please itemize)</b>			
<b>Item</b>	<b>Unit Cost</b>	<b>Number Purchased</b>	
<b>C. Incentives/Food</b>			
<b>Item</b>	<b>Unit cost</b>	<b>Number Purchased</b>	
<b>D. Printing and copying</b>			
<b>Total Budget:</b>			

\*Plan for travel to one training along the Wasatch Front area. In-state mileage costs are reimbursable at \$.375/mile.

\*Include a brief written narrative explaining the purpose for each of the items listed on the budget form.

## **SAMPLE WORKPLAN**

This is a sample of what information should be included in your work plan. It is not required to write your work plan in this format, but you must include all the information listed in the application. **Use this format or a similar one for each goal from the Utah Genomics Plan you plan to address.**

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**Project Title:** Using Family Health History in Blue Sky City

**Goal/objective/activity from Utah Genomics Plan that will be addressed:** Goal: Improve understanding of genetics influence on chronic disease in the public sector and among primary care providers. Objective: Develop, implement, and evaluate a plan to educate the public. (*Refer to the Utah Genomics Plan, goal 2, objective 1*)

**Overall Project Goal:** Increase awareness of the importance of family health history in Blue Sky City.

**Objective:** Increase awareness of the importance of knowing one's family health history by providing education in at least two different community settings to 100 residents of Blue Sky City.

**Activity Name:** Media Promotion

**Description of Activity:** Identify local media channels to promote the importance of family health history. These may include Blue Sky News or other newspapers, community newsletters, utility bills, billboards, or radio. Develop media packet, speaking points, and other appropriate materials (i.e. news release, radio spots, posters) and provide to identified media channels. At least two media channels will be utilized in this activity. All media channels used will have ordering information for the Family Health History Toolkits. The purpose of using the media is to encourage Blue Sky City residents to order a Toolkit and then use it to collect their family health history.

**Target population:** All Blue Sky City residents

**Number of media channels:** At least two different media channels (i.e. newspaper, radio, billboard)

**Number of expected participants:** At least 50 Toolkits will be ordered based on media promotion

**Site/service location:** Not Applicable

**Person(s) responsible:** Ms. Bo Peep (Health Educator)

**Expected start date:** November 1, 2007

**Expected completion date:** February 15, 2008

**Evaluation:** The number of telephone hotline calls for the Toolkits will be tracked as well as the number of website downloads. Those ordering by telephone will be asked if they have ever collected their family health history previously, why they ordered a Toolkit, and how they heard about the Toolkits.

**Activity Name:** Family Health History Community Forum

**Description of Activity:** Conduct a community forum for those individuals attending the Blue Sky Senior Center. Provide training on how to collect and share a family health history, finding health history in genealogy records, and accessing family health history resources (i.e. Family Health History Toolkits, U.S. Surgeon General Family Health History tool. Training will be provided by Ms. Muffit, genetic counselor, and Mr. Cottontail, professional genealogist.

**Target population:** Seniors

**Number of community forums:** Two 2-Hour presentations

**Number of expected participants:** 50

**Site/service location:** Blue Sky Senior Center

**Person(s) responsible:** Ms. Bo Peep (Health Educator)

**Expected start date:** February 15, 2008

**Expected completion date:** May 15, 2008

**Evaluation:** Forum evaluations will be given to each participant at the beginning of the community forum and will be handed back in at the end. Health educator will collect and analyze the evaluations collected.